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GAU 3628

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Jeff S. Eder

Serial No. 09/688,982

Filed: October 17, 2000

For: AN AUTOMATED ON LINE RISK
TRANSFER SYSTEM

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Examiner: Clement Graham

Art Unit: 3628

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Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action mailed January 6, 2004, the Applicant requests the Examiner to enter the following amendments and to consider the following remarks.

Serial No. 09/688,982

- 1 -

Examiner: Clement Graham
Art Unit: 3628



Approved for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/688,982
		Filing Date	10/17/2000
		First Named Inventor	Jeff Eder
		Group Art Unit	3628
		Examiner Name	Clement Graham
Total Number of Pages in This Submission	59	Attorney Docket Number	VM-11

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeff Eder
Signature	
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CERTIFICATE OF MAILING

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